

Name  
in  
Full

Elmora F. Adams

## CERTIFICATE OF DEATH

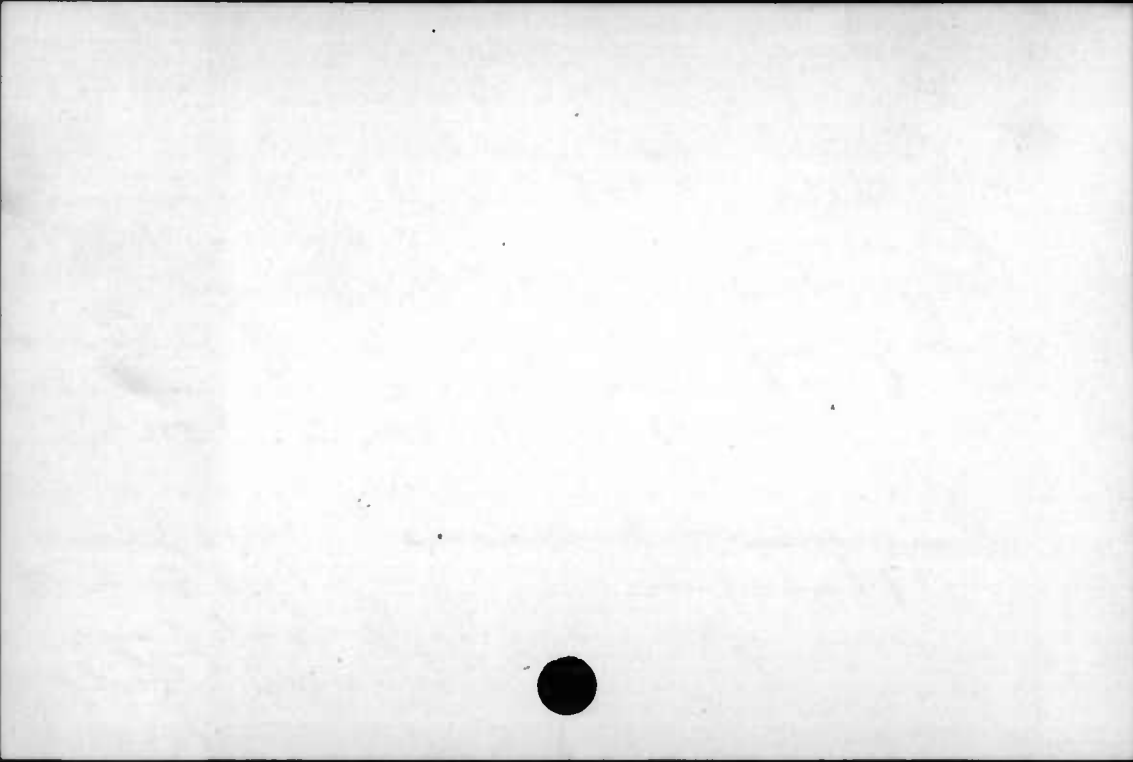
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Guy</u> Town		<u>2</u> County		MARYLAND	
Date of death <u>1907</u> Month <u>2</u>		Day <u>16</u> Age <u>67</u> Years		Months <u>—</u> Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Talbot Co</u>	
Occupation <u>Retired</u>		Where Residing if not at place of death <u>Near Guy</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>W. J. Adams</u>			
Father's Name <u>John Reese</u>		Father's Birthplace <u>Talbot Co</u>			
Mother's Maiden Name <u>M. Fisher</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>E. Strong</u>		How related to deceased <u>Son-in-law</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Bronchitis</u>	How long	<u>Several years</u>
Immediate	<u>Prostration</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Howard R. Hopkins</u>	
		Address <u>2nd Street</u>	
		<u>MD.</u>	
Accident or Suicide?			



TO BE ANSWERED BY  
NEAREST FRIEND

Name  
in  
Full

Mrs Laura M. Anderson

CERTIFICATE OF DEATH

Died at Church Hill Queen Anne County

MARYLAND

Date of death 1907 Feb 13 Age 46 Months 11 Days 02

Sex Female Color or Race White Birth-place Queen Anne Co.

Occupation Housewife Where Residing if not at place of death At place of death

Married, Single or Widowed Married Name of Wife or Husband H. J. Anderson

Father's Name John Primrose Father's Birthplace Q. Co. Md.

Mother's Maiden Name Catherine Brice Mother's Birthplace King Co. Md.

Name of person giving information James M. Anderson How related to deceased none

CAUSES OF DEATH

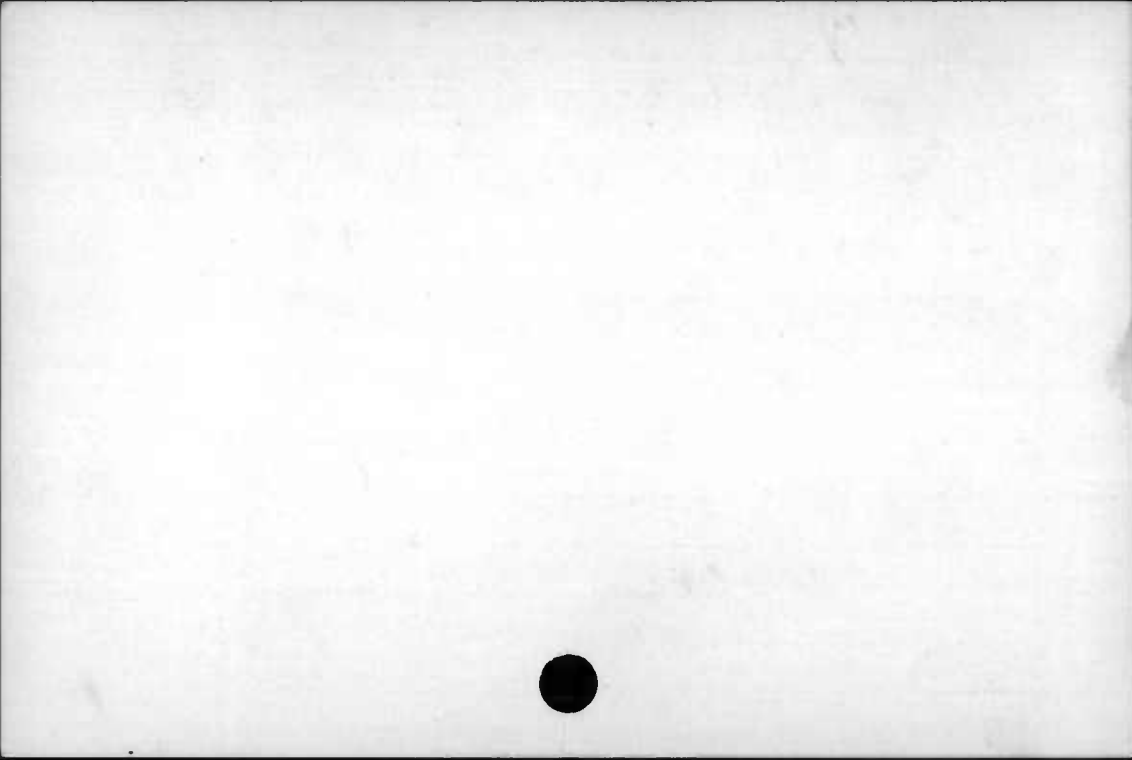
Primary Pulmonary Tuberculosis How long Two years

Immediate Exhaustion How long One month

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. G. Coopers

Address Church Hill Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

Sewall M Brocker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

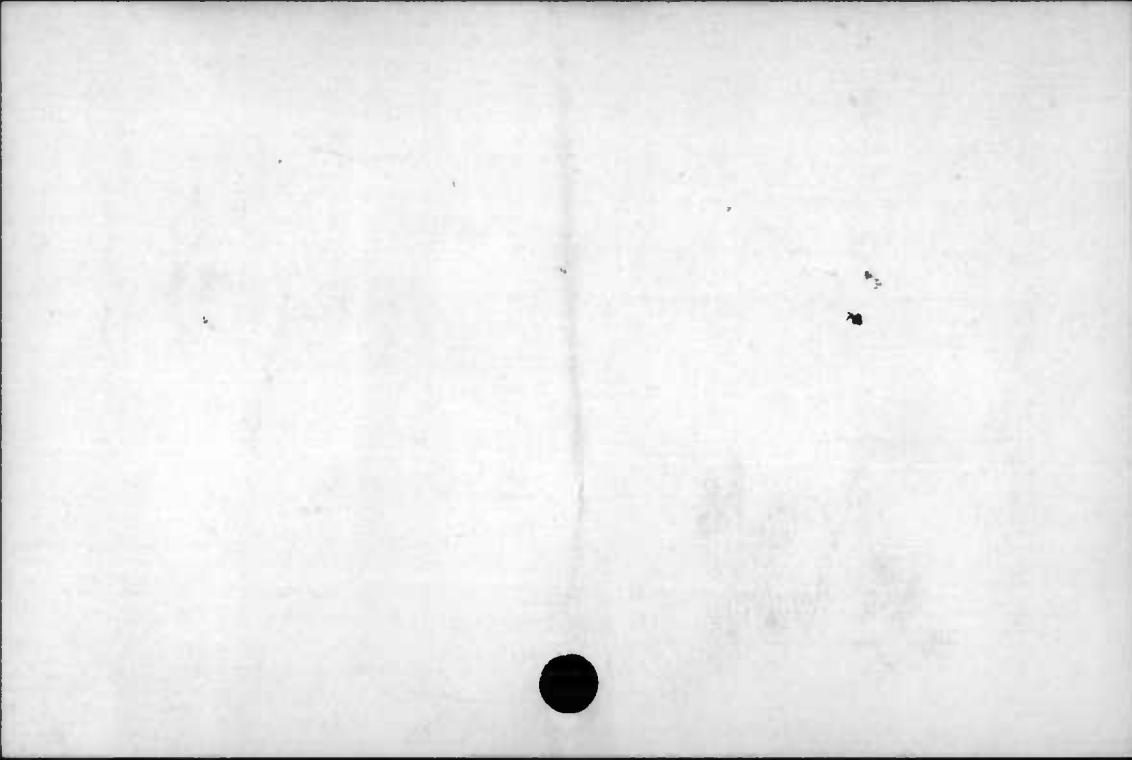
Died at <u>Bordoy</u> Town		<u>Queen Anne's Co</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>12</u> Day	Age <u>86</u> Years	<u>7</u> Months	<u></u> Days
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Queen Anne's Co</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband			
Father's Name	<u>Penz Brocker</u>			Father's Birthplace	<u>Queen Anne's Co</u>
Mother's Maiden Name	<u>unknown</u>			Mother's Birthplace	
Name of person giving information	<u>Sewall Brocker</u>			How related to deceased	<u>Son</u>

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Severely Pneumonia</u>	How long	<u>2 wks</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. S. Dudley MD</u>
		Address	<u>Church Hill Maryland</u>
Accident or Suicide?			





Name  
in  
Full

David H. Broome

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

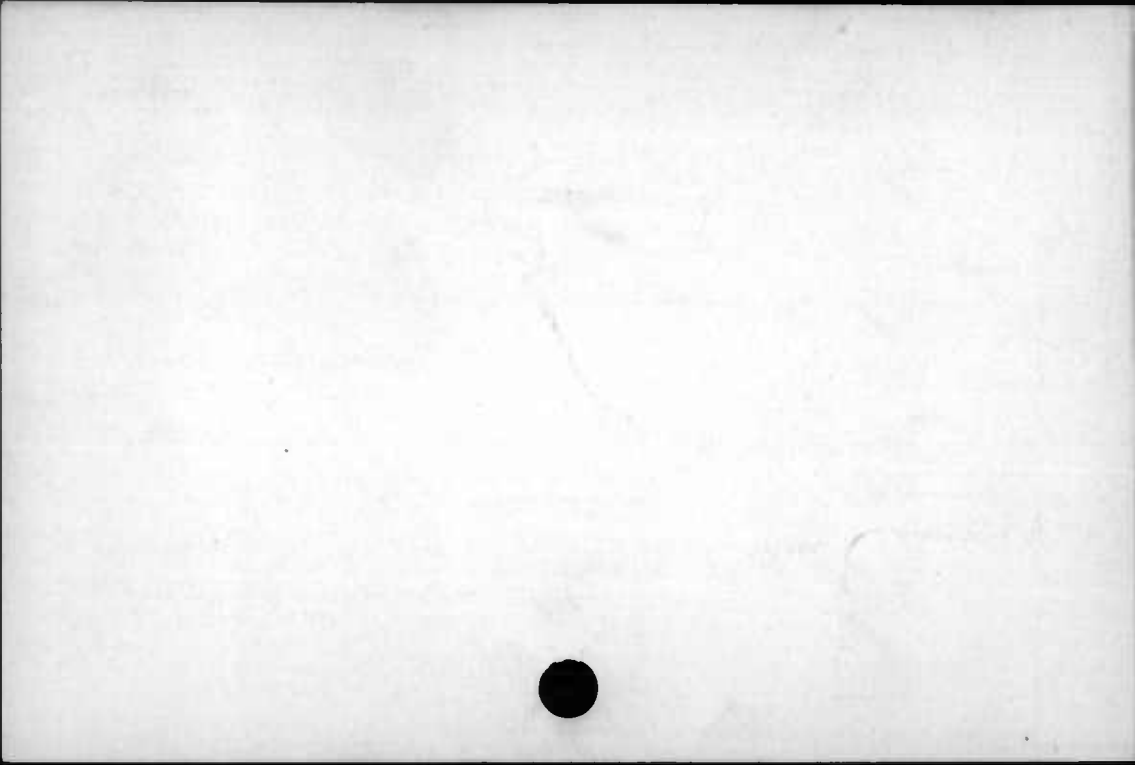
Died at		Church Hill		Lucas		County		MARYLAND	
Date of death		1907	Month	May	Day	27	Years	Months	Days
Sex		Male		Color or Race		Colored		Birth-place	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		Chas Brown		Father's Birthplace		Maryland			
Mother's Maiden Name		Eda Gledoborn		Mother's Birthplace		Lucas		Co	
Name of person giving information		Chas Brown		How related to deceased		Father			

## CAUSES OF DEATH

15-1

PHYSICIAN  
OR CORONER

Primary	Infantile Tabes	How long	2 years
Immediate	Asphyxia	How long	1 hr
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		N. S. Dudley	
Address		Church Hill	
Accident or Suicide?		Lucas	



Name  
in  
Full

~~Elizabeth~~ Elizabeth

CERTIFICATE OF DEATH

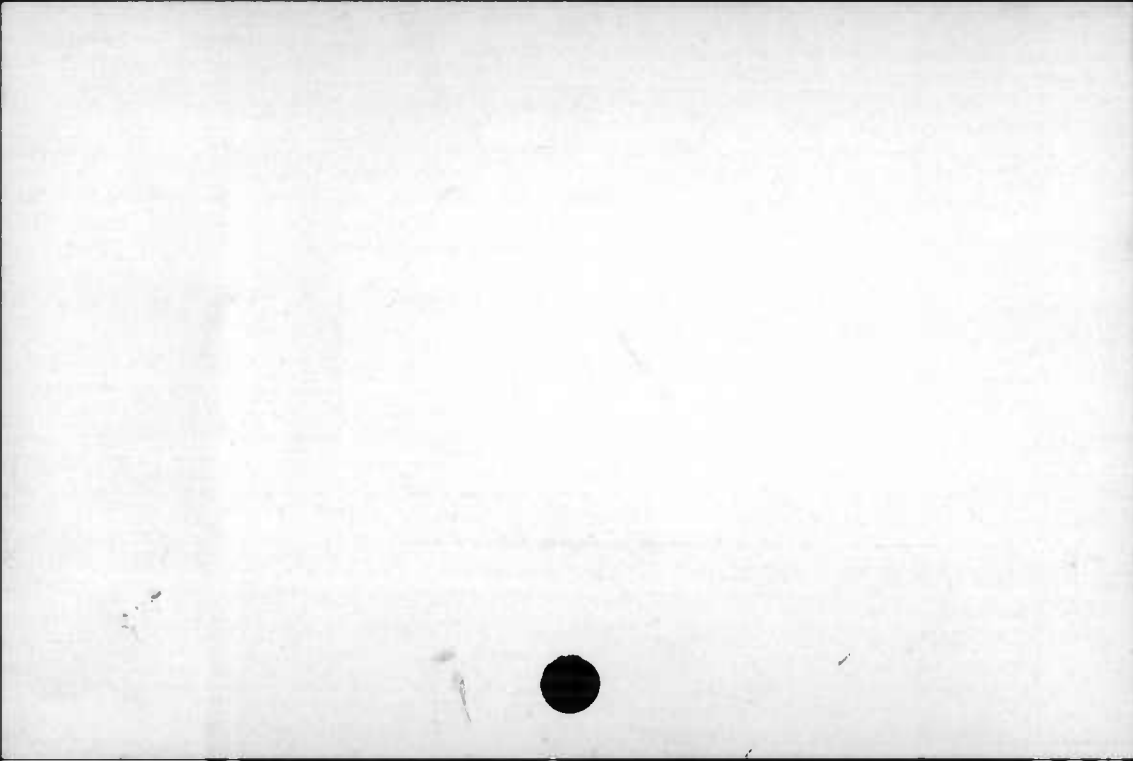
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Guys</u>		County <u>2 a a</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>1</u>	Age <u>69</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>L A Co</u>			
Occupation <u>retired</u>	Where Residing if not at place of death <u>near Guys</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>dead</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Geo Heath</u>	How related to deceased <u>Son Law</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Hemiplegia</u>	(66)	How long <u>several weeks</u>
Immediate <u>same</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Harold R. Hapkins</u>	Address <u>Lancaster, Md.</u>
Accident or Suicide? <u>—</u>		



Name  
in  
Full

Child

Collister

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

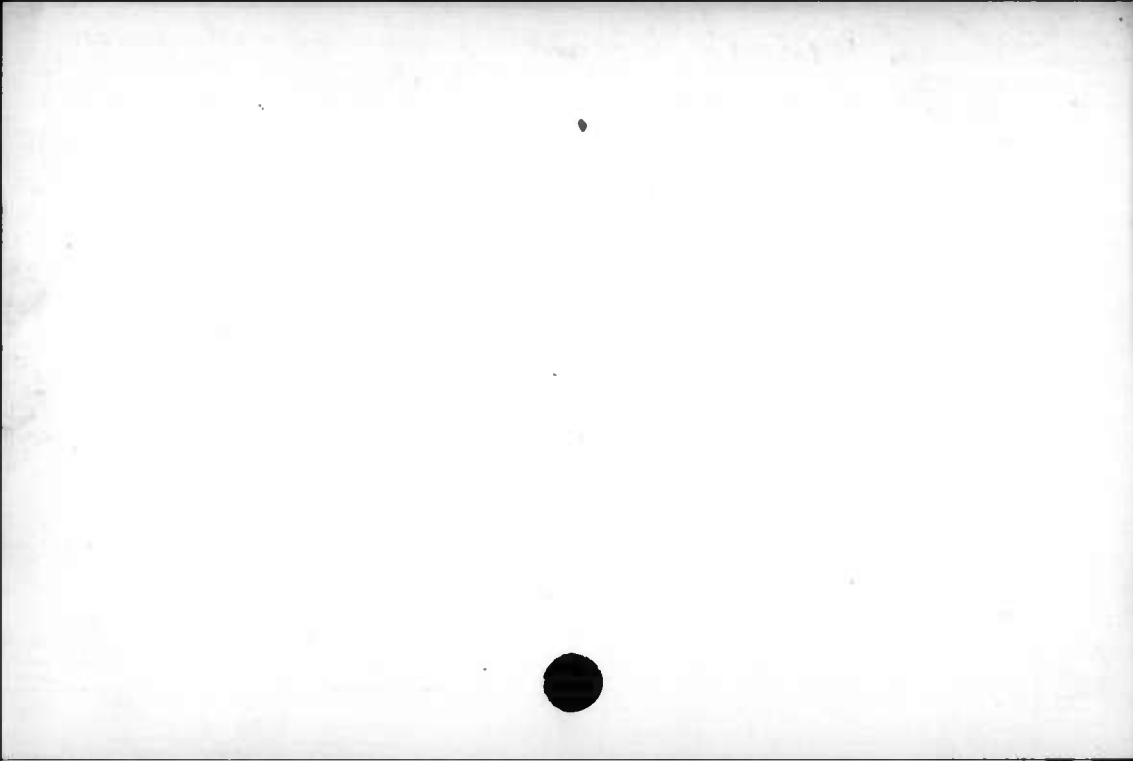
Died at <i>Neer Barclay</i>		Town <i>Neer Barclay</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>17</i>	Age	Years	Months	Days	<i>2 hours</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne's Co</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>George A Collister</i>			Father's Birthplace <i>Caroline Co Md</i>				
Mother's Maiden Name <i>Emily Smith</i>			Mother's Birthplace <i>Caroline Co Md</i>				
Name of person giving information <i>George J A Collister</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>2 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R H Phillips Sub. Reg.</i>	
		Address <i>Barclay Md</i>	
Accident or Suicide?			



Name  
in  
Full

John Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Courthouse Home <sup>Town</sup> 2. Annex <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> Feb <sup>Day</sup> 4 <sup>Years</sup> 65 <sup>Months</sup> — <sup>Days</sup> —

Sex male Color or Race negro Birth-place Virginia

Occupation Labourer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name don't know Father's Birthplace —

Mother's Maiden Name — don't know Mother's Birthplace —

Name of person giving information Wm Lester How related to deceased none

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Bright disease of the one year

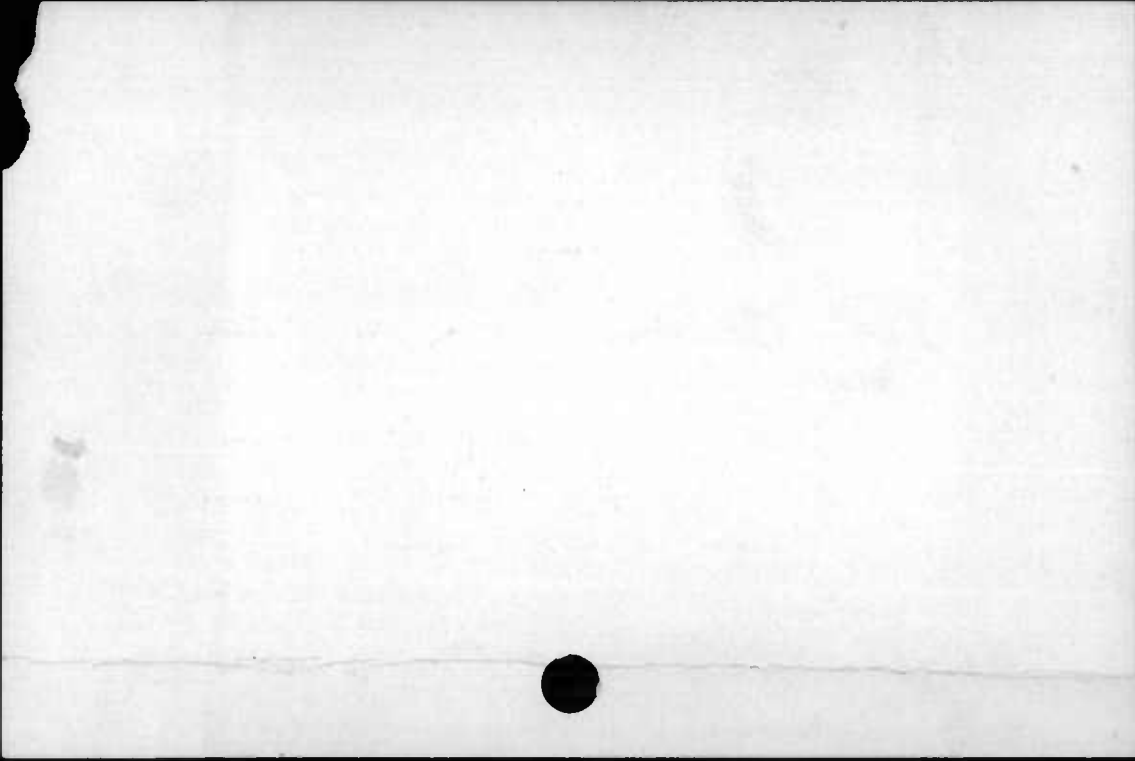
Immediate —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. A. Holloway M.D.

Address Columbia Md

Accident or Suicide? —





Name  
in  
Full

James Deedon.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Centreville		County Queen Anne		MARYLAND	
Date of death		1907	Month Feb.	Day 13	Age 62	Months 11	Days —
Sex Male		Color or Race Negro		Birth-place Queen Anne Co.			
Occupation Laborer		Where Residing if not at place of death					
Married, <del>Single</del> 1		Name of Wife or Husband Mary Elizabeth Deedon					
Father's Name John Deedon		Father's Birthplace Queen Anne County					
Mother's Maiden Name Caroline Broadnax		Mother's Birthplace " " " "					
Name of person giving information Mary Elizabeth Deedon		How related to deceased Wife					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	General Debility	How long	Don't know
Immediate	Pneumonia	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. F. Smith M.D.	
		Address Centreville	
Accident or Suicide?		Md.	
Neither			



Name

in  
Full

## CERTIFICATE OF DEATH

John, Deslany

Town

County

MARYLAND

Died at

Perry Neck

Date

Month

Day

Years

Months

Days

of death 1907

2

16

Age

74

Sex

Male

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Farmer

Where Residing if not  
at place of death

Perry Neck

Married, Single  
or Widowed

Widower

Name of Wife  
HusbandFather's  
Name

M. Deslany

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Wm. Deslany

How related  
to deceased

Son

## CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

One week

Immediate

Heart failure at lensis

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

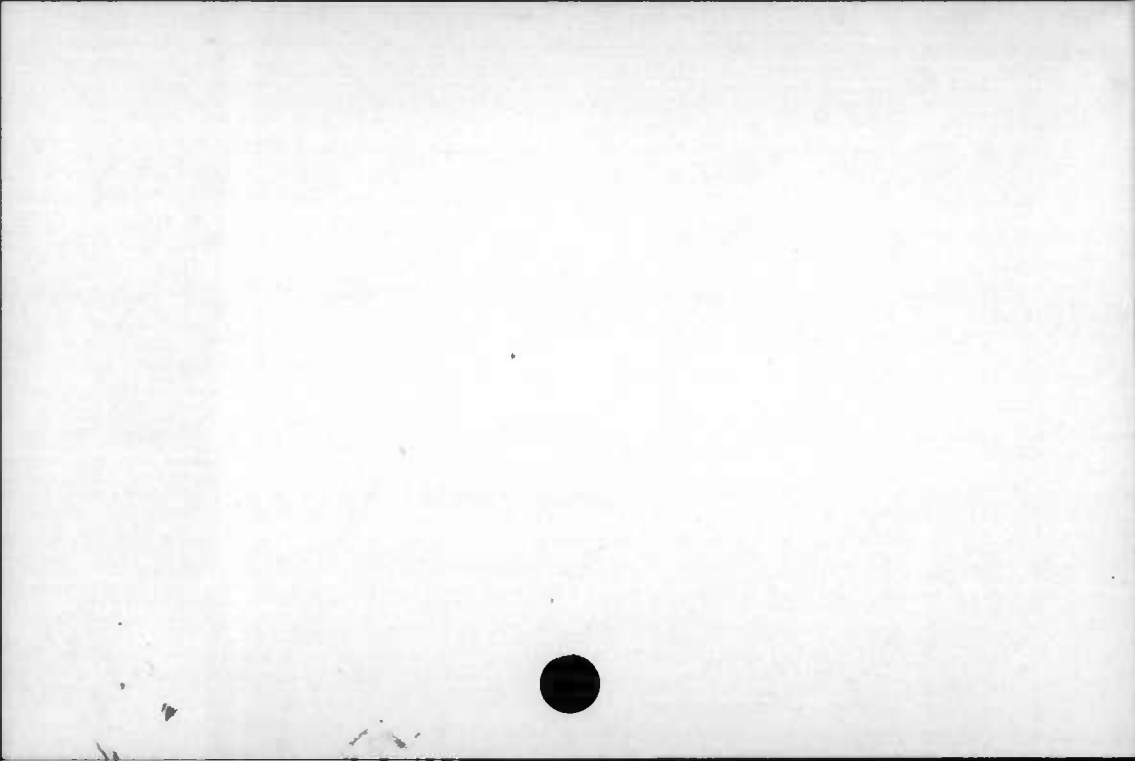
Howard B. Hupkins

Lennetown,

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Bouke Emory

## CERTIFICATE OF DEATH

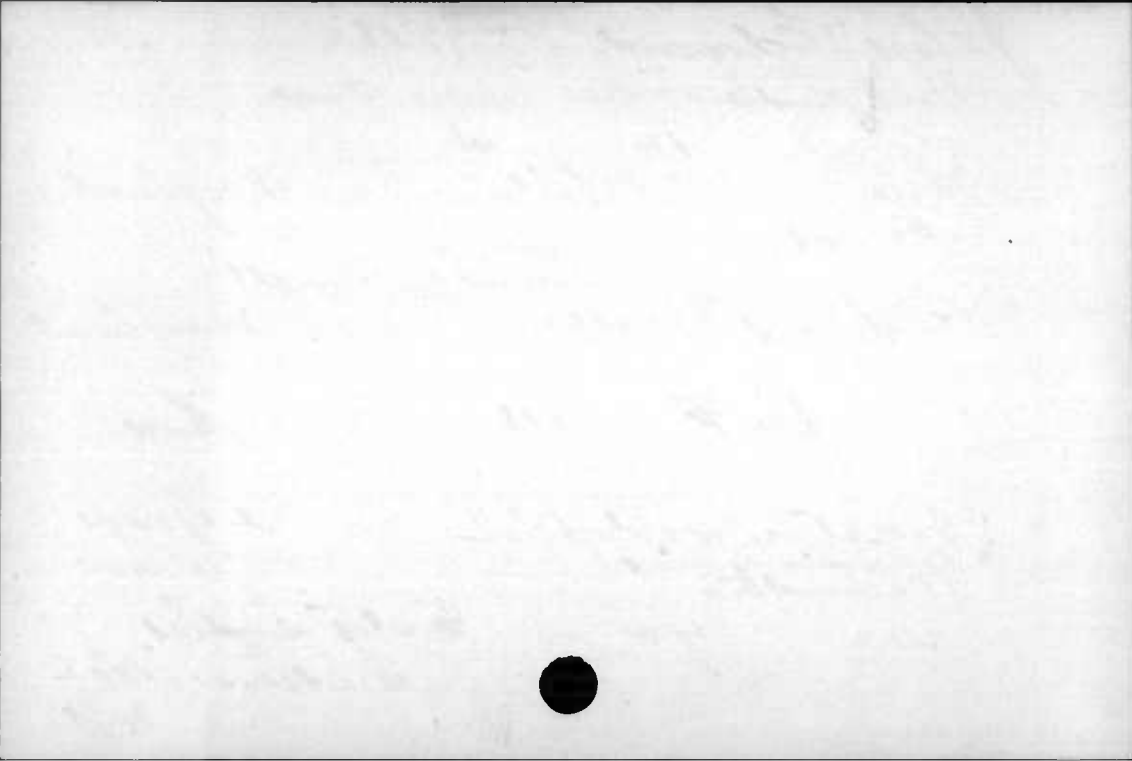
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Queenstown		County 2a		MARYLAND	
Date of death		1907	Month 2	Day 17	Age 76	Years 8	Months 2
Sex Female		Color or Race White		Birth-place 2a Co			
Occupation Retiree				Where Residing if not at place of death Queenstown			
Married, Single or <del>Widowed</del>		Name of Wife or Husband Blanchard Emory					
Father's Name Ed G. Bouke				Father's Birthplace 2a Co			
Mother's Maiden Name Mary Cox				Mother's Birthplace 1c			
Name of person giving information Mary Davidson				How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Influenza	How long	One week
Immediate	General debility / Heart failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Howard R. Hopkins	
		Address Queenstown, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

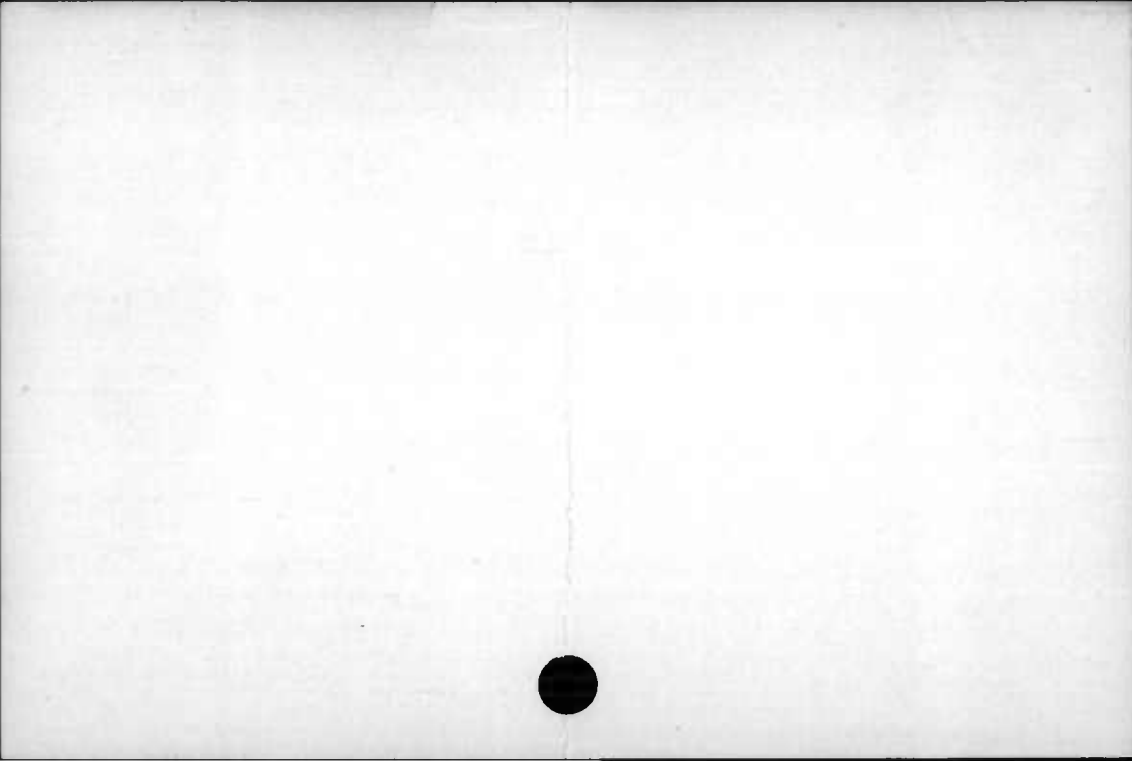
Name in Full <i>John Edward Everett</i>		Town <i>Mar</i>		County <i>Sudersville Tenn</i>		State <i>MARYLAND</i>	
Died at <i>Mar Sudersville Tenn</i>		Date of death <i>1907</i>		Month <i>2</i>	Day <i>12</i>	Years <i>61</i>	Age <i>61</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>		Months <i>1</i>		Days <i></i>	
Occupation <i>Farmers</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Louise Everett</i>					
Father's Name <i>Edward Everett</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>					
Name of person giving information <i> Jas P Everett</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

Primary Cause <i>Ball Struck my Anaphoric</i>	How long <i>2 years</i>
Immediate Cause <i>Concussion of Brain</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Forster Suders</i>
	Address <i>Sudersville Md.</i>
Accident or Suicide? <i></i>	





Name  
in  
Full

Annie Frazier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

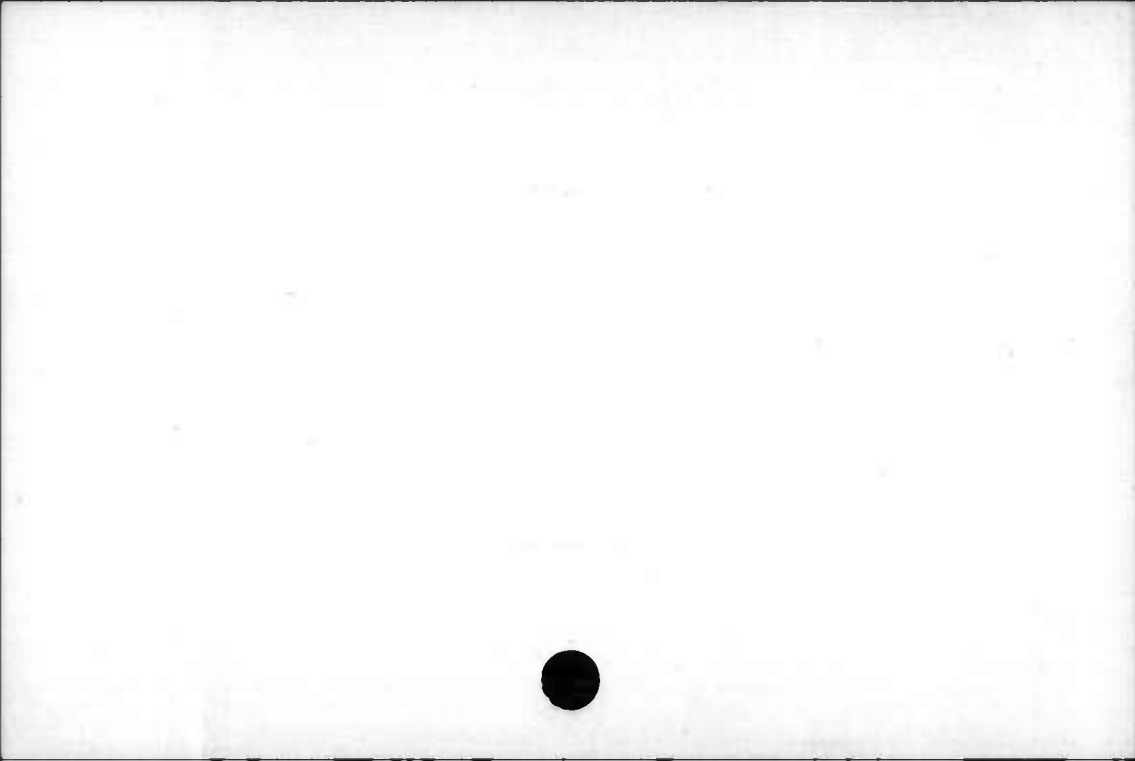
Died at <i>Stevensville</i> <small>Town</small>		<i>Queen Anne</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>16</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Queen Anne Co Md</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>B. Frank Frazier</i>	Father's Birthplace <i>L. A. Co Md</i>				
Mother's Maiden Name <i>Henrietta Ritchison</i>	Mother's Birthplace <i>L. A. Co Md</i>				
Name of person giving information <i>B F Frazier</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

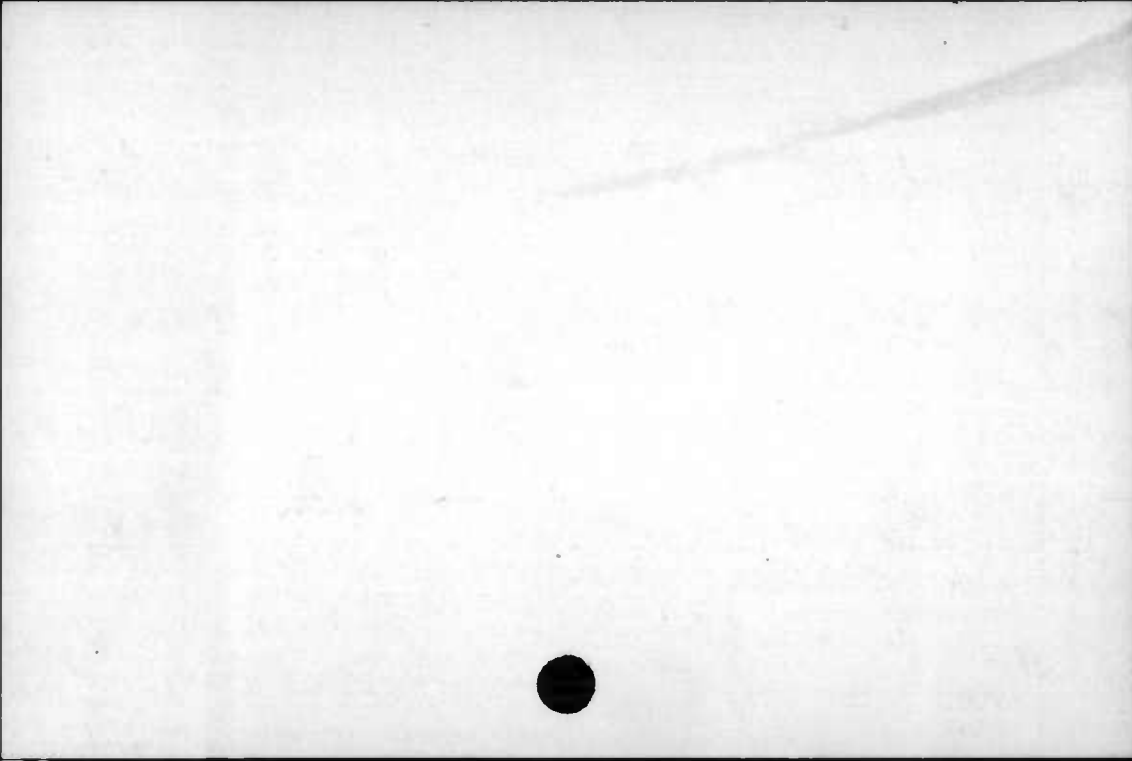
Primary <i>Measles</i>	How long <i>—</i>
Immediate <i>Progressive Paralysis &amp; Exhaustion</i>	How long <i>Several years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J Henry</i>
	Address <i>Stevensville, Md</i>
Accident or Suicide? <i></i>	



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

LIBRARY BUREAU A40615



### CERTIFICATE OF DEATH

## MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Centerville Town

County *Queen Anne*

Date of death 1907 Month 2

Day	Age	Years
2		74

Months	Days
--------	------

Sex Female

Color or Race *American*

Birth-  
place *Green Anne Co*

Occupation: Lady

Where Residing if not  
at place of death

Married, Single or Widowed *Widow*

Name of Wife or  
Husband

Joseph N Goldsboro.

Father's Name Thos Cook

Father's Birthplace *2nd*

Mother's  
Maiden Name Sarah Murphy

Mother's Birthplace *md*

Name of person giving information Family Record

How related  
to disease

### CAUSES OF DEATH

Primary Organic heart disease

Many years

Immediate Gradual Exhaustion

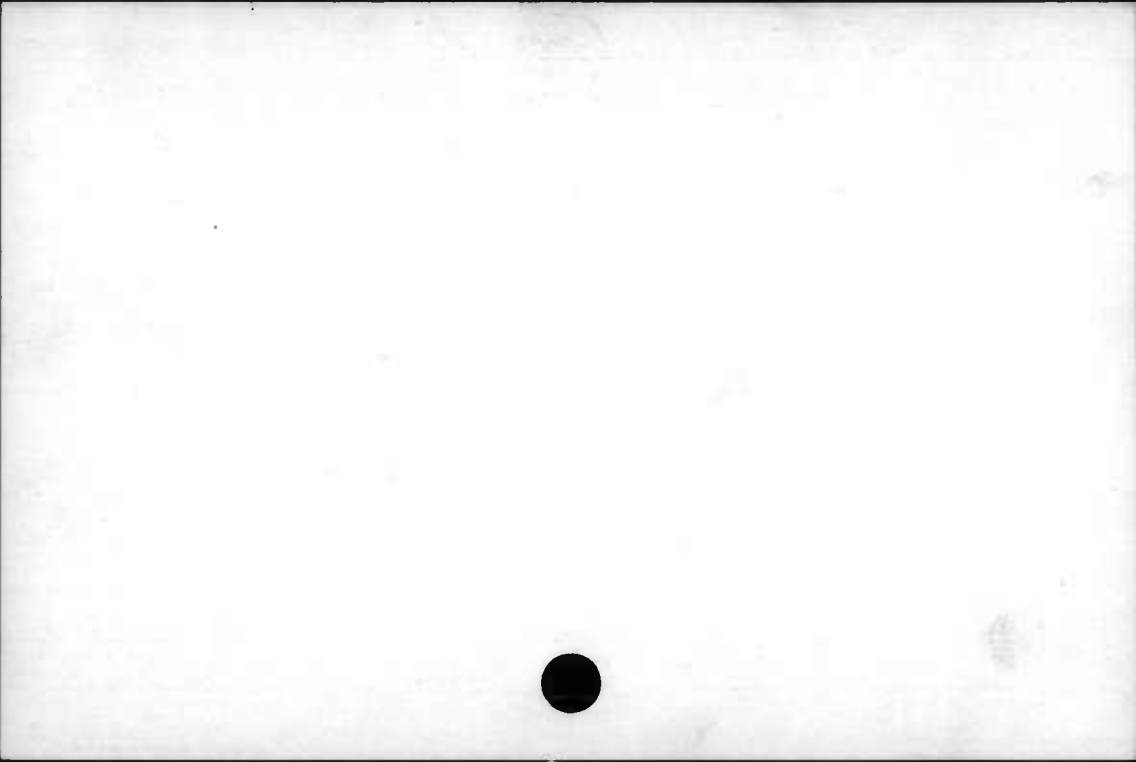
How long: Several Months

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		2	17			2	15
Sex		Color or Race		Birth-place			
Female		Colored		L G, Leonard			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
J. Handy				Md			
Mother's Maiden Name				Mother's Birthplace			
Essie Brisby				Md			
Name of person giving information				How related to deceased			
J. Handy				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	marasmus	How long	2 mos
Immediate	Exhaustion	How long	.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W S Dudley	
		Address	
		Churchside	
Accident or Suicide?			
no		5nd	





Name  
in  
Full

Bessie L. Kilyard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Barclay* Town *Queen Anne* County *MARYLAND*  
 Date of death *1907* Month *2* Day *26* Age *29* Months Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housework* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *William Kilyard*

Father's Name *Charles E. Kimbles* Father's Birthplace *Md.*

Mother's Maiden Name *Bessie Pratt* Mother's Birthplace *Md.*

Name of person giving information *William Kilyard* How related to deceased *Husband*

## CAUSES OF DEATH

27

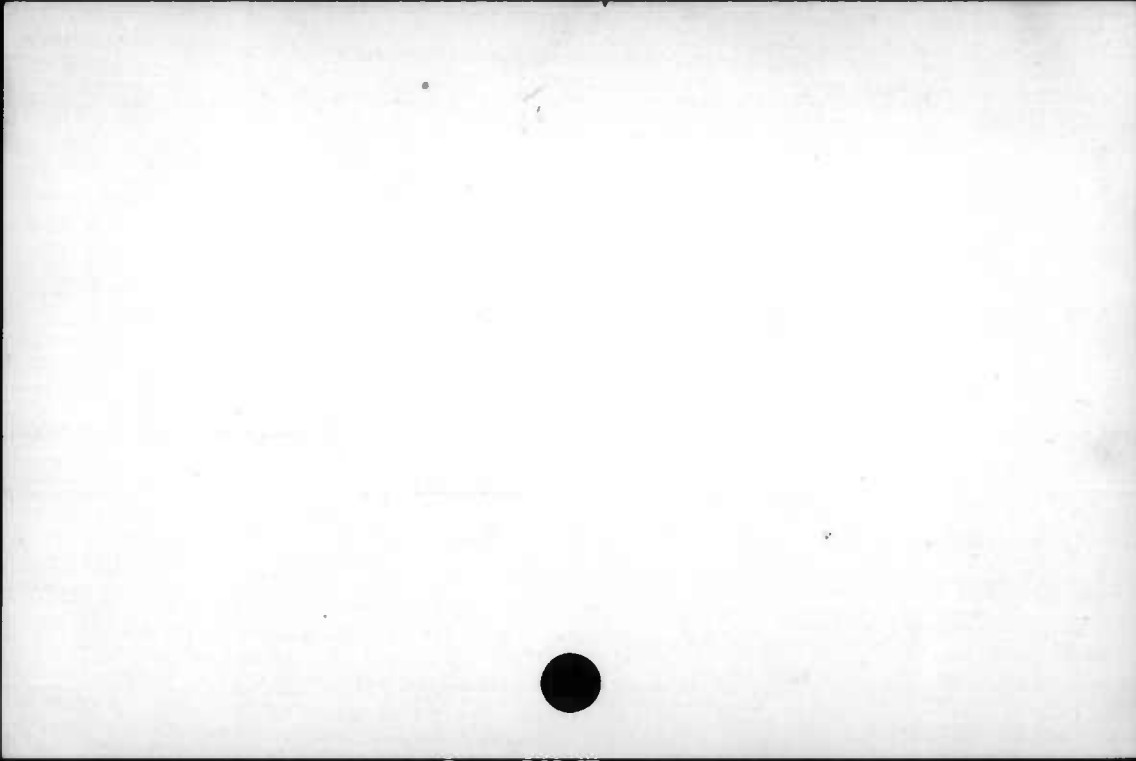
PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* *Six months*  
 Immediate *Six months*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. R. Smith*

Address *Cambridge Md.*

Accident or Suicide?



Name  
in  
Full

*Child Johnson*

CERTIFICATE OF DEATH

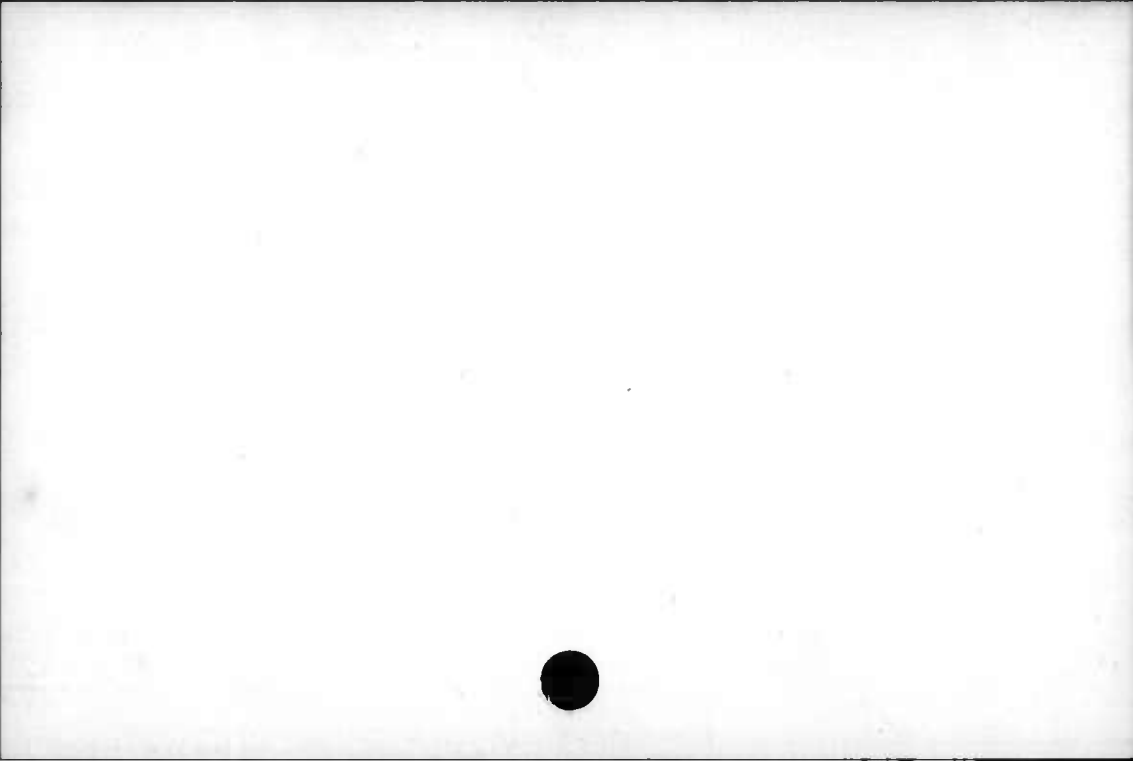
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Barclay</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>19</i>	Age	Months	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne Co.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Nathan Johnson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Maggie Johnson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Ellen Johnson</i>			How related to deceased <i>Grand brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Croup</i> <b>(9)</b>	How long	<i>7 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R H Phillips sub. Reg.</i>	
		Address <i>Barclay</i>	
Accident or Suicide?		<i>Ind</i>	



Name  
in  
Full

Elizabeth, Lane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town near Queenstown County San **MARYLAND**

Died at near Queenstown

Date of death 1907 Month 2 Day 9 Age 81 Years Months \_\_\_\_\_ Days \_\_\_\_\_

Sex Female Color or Race White Birth-place \_\_\_\_\_

Occupation Religious Where Residing if not at place of death near Queenstown

Married, Single or Widowed Widowed Name of Wife or Husband John Lane

Father's Name Wm. Ingers Father's Birthplace See

Mother's Maiden Name " " Mother's Birthplace See

Name of person giving information Mrs. Lane How related to deceased Son

## CAUSES OF DEATH

Primary Influenza 10 How long One week

Immediate Heart failure How long \_\_\_\_\_

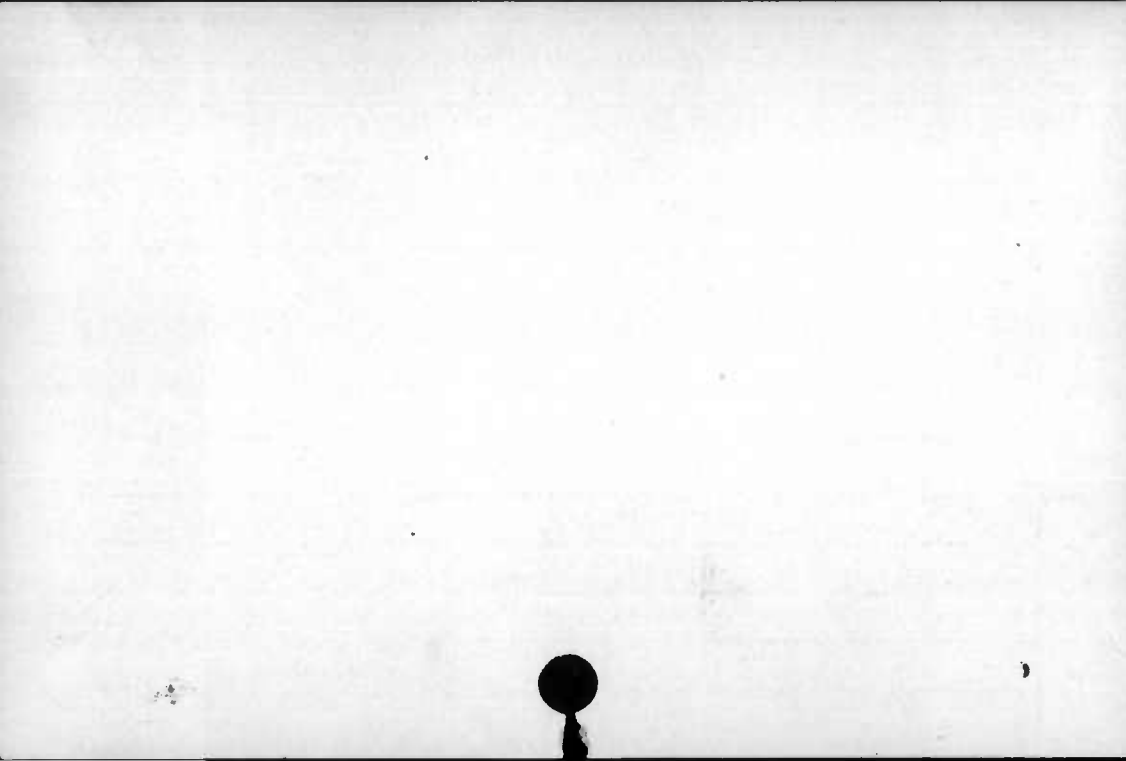
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Howard B. Hopkins  
Queenstown  
MD.

Accident or Suicide?



Name  
in  
Full

Charlotte Ann Nicholson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Stevensville <sup>Town</sup> Queen Anne <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> 2 <sup>Day</sup> 5 <sup>Years</sup> Age about 95 <sup>Months</sup> 2 <sup>Days</sup> 9

Sex Female Color or Race Colored Birth-place 2965 Ind

Occupation None Where Residing if not at place of death —

Married, Single or Widowed widow Name of Wife or Husband Henry Nicholson

Father's Name Jack Coursey Father's Birthplace 2965 Ind

Mother's Maiden Name Susan Heath Mother's Birthplace 2965 Ind

Name of person giving information Elijah Turner How related to deceased Son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary General Debility

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm H. Henry

Address Stevensville

Accident or Suicide? No





Name  
in  
Full

## CERTIFICATE OF DEATH

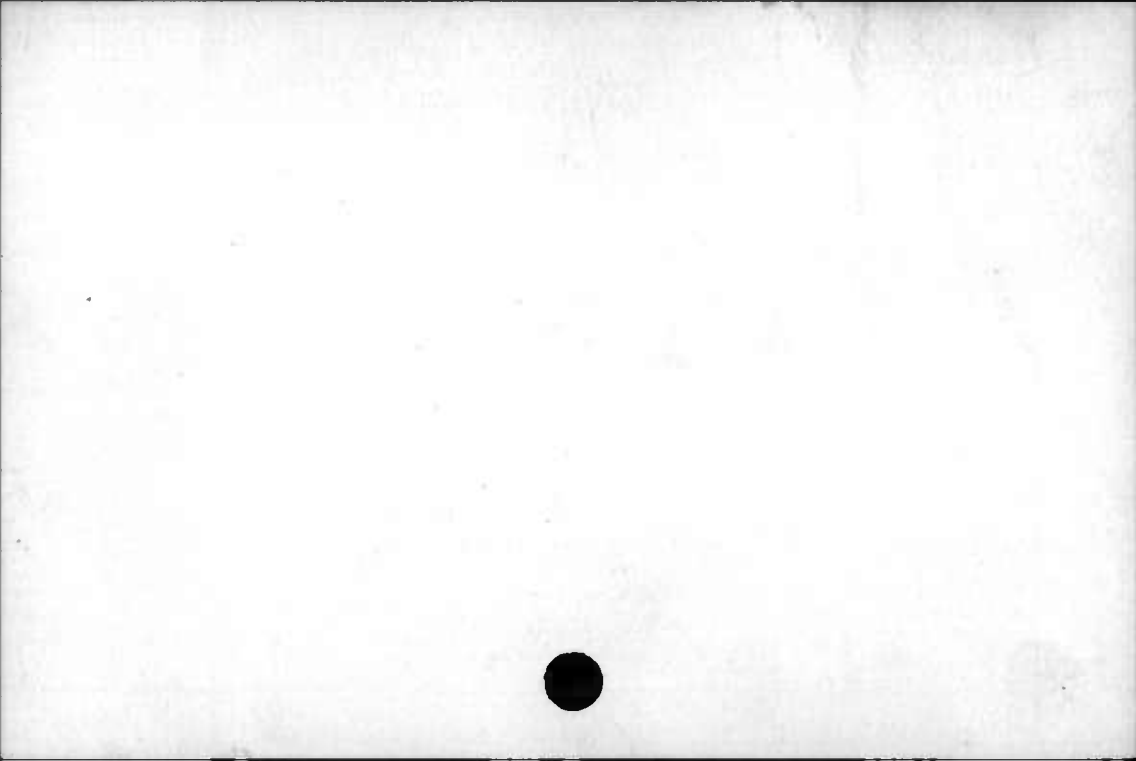
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ingleside</i> Town		<i>T. A.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>18</i>	Age <i>3</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Id</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles Price</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Katie Brown</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>Katie Brown</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>about a week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Abraham M. D.</i>
	Address <i>Ingleside</i>
Accident or Suicide?	<i>Id</i>



Name In Full		Town		County		CERTIFICATE OF DEATH	
Child		Russum				MARYLAND	
Died at		Near Inglebrook		Queen Anne's			
Date of death		1907	Feb	27	Age	Months	Days
Sex		Male		Color or Race		White	
Occupation		None		Where Residing if not at place of death		Near Inglebrook	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Gayton Russum		Father's Birthplace		Queen Anne's Md.	
Mother's Maiden Name		Sadie Rolison		Mother's Birthplace		Queen Anne's Md.	
Name of person giving information		Gayton Russum		How related to deceased		Father	
CAUSES OF DEATH							
Primary		Colic		How long		105	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		K.H. Phillips Sub. Reg.	
				Address		Barclay Md	
Accident or Suicide?							



Name  
in  
Full

*A. Graham Smith*

CERTIFICATE OF DEATH

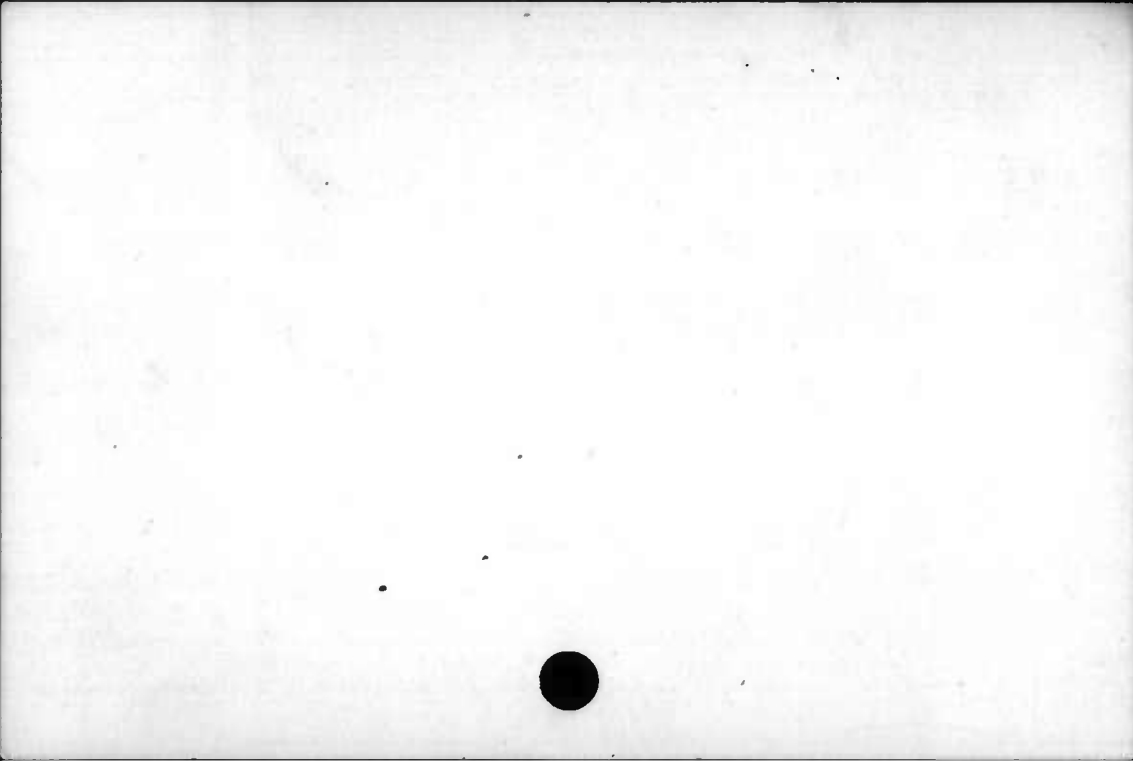
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shrinerille</i> Town <i>Luenanna</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>17</i>	Age <i>70</i> Years Months <i>3</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>at Atlanta City</i>	
Occupation <i>sun</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>unknown</i>	Father's Birthplace		
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace		
Name of person giving information <i>B. Frank Lewis</i>	How related to deceased <i>not at my</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>10</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. W. R. Benton</i>
	Address <i>Shrinerille</i>
Accident or Suicide?	



Name  
in  
Full

Bertie Stanford

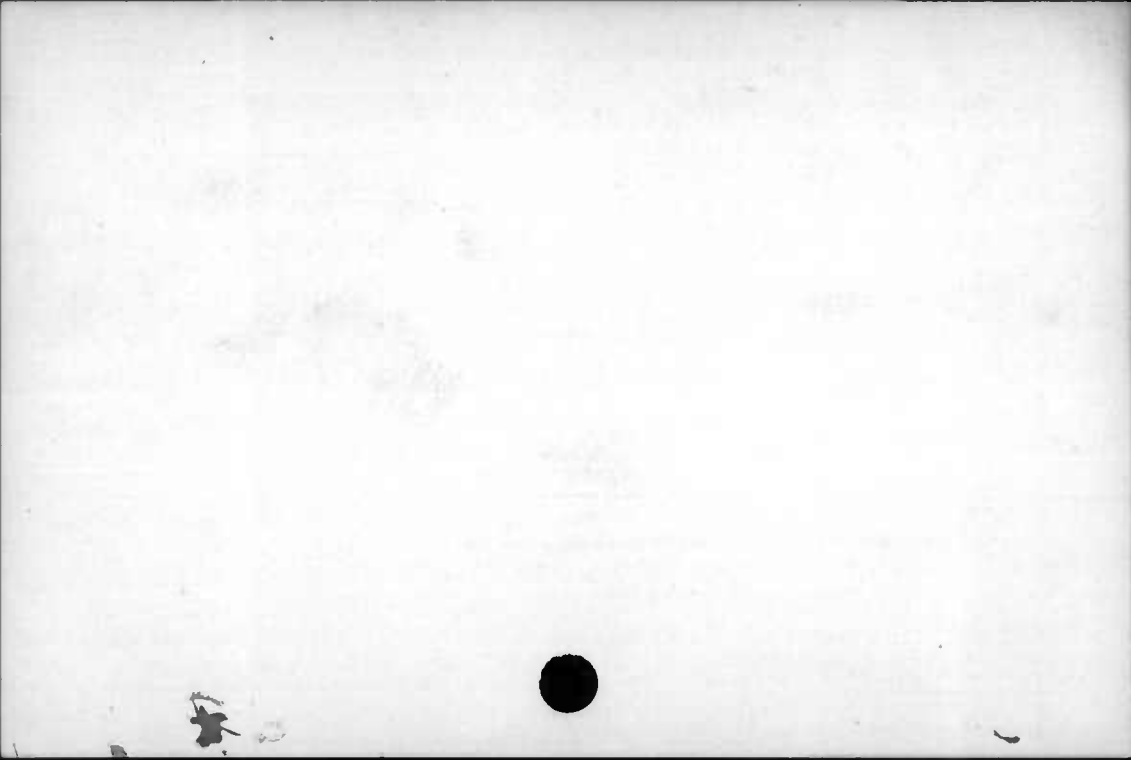
## CERTIFICATE OF DEATH

Died <i>near Centerville</i> <i>Queen Anne</i> County		MARYLAND	
Date of death	1907	Month	Feb
Day	20	Age	18
Sex	Female	Color or Race	Black
Occupation	Housework	Birth-place	L.A.C. Ind.
Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	William Stanford
Father's Name	John Houston Downs	Father's Birthplace	L.A.C. Ind.
Mother's Maiden Name	Elizabeth Stanley	Mother's Birthplace	L.A.C. Ind.
Name of person giving information	John Houston Downs	How related to deceased	Father

## CAUSES OF DEATH

(27)

Primary	Pulmonary Tuberculosis	How long	3 months
Immediate	Opportunistic	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. G. Leppage	
Address		Church Hill Ind.	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

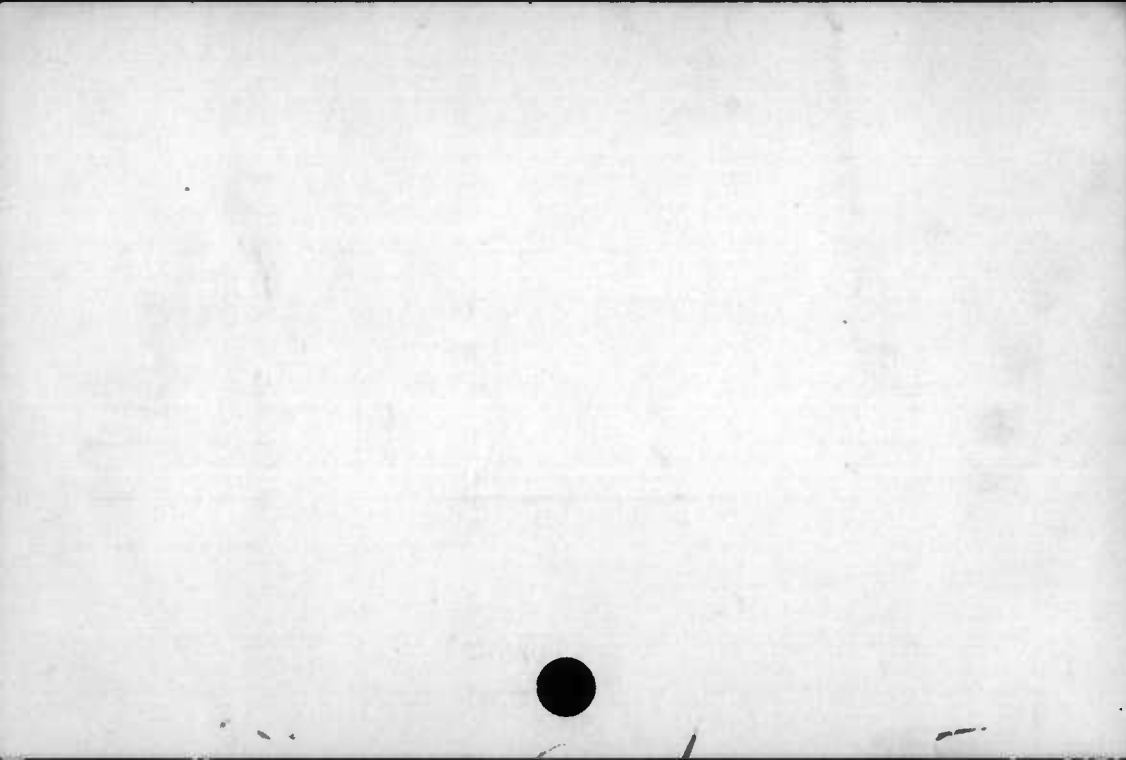
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Centerville</i> <sup>Town</sup>		<i>Queen Anne's</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup>	<i>Feb</i> <sup>Day</sup>	<i>6</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>L.A. G Ind</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>at Place of death</i>				
Married Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William Stanford</i>	Father's Birthplace <i>L.A. G Ind</i>				
Mother's Maiden Name <i>Bertha Downs</i>	Mother's Birthplace <i>L.A. G Ind</i>				
Name of person giving information <i>Houston Downs</i>	How related to deceased <i>Grand Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	<i>151</i>	How long <i>—</i>
Immediate <i>Immaturity</i>		How long <i>day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. C. Cooper</i>	
	Address <i>Church Hill Ind</i>	
<del>Accident or Suicide?</del>		



Name  
in  
Full

Chas. E. Lobkov Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

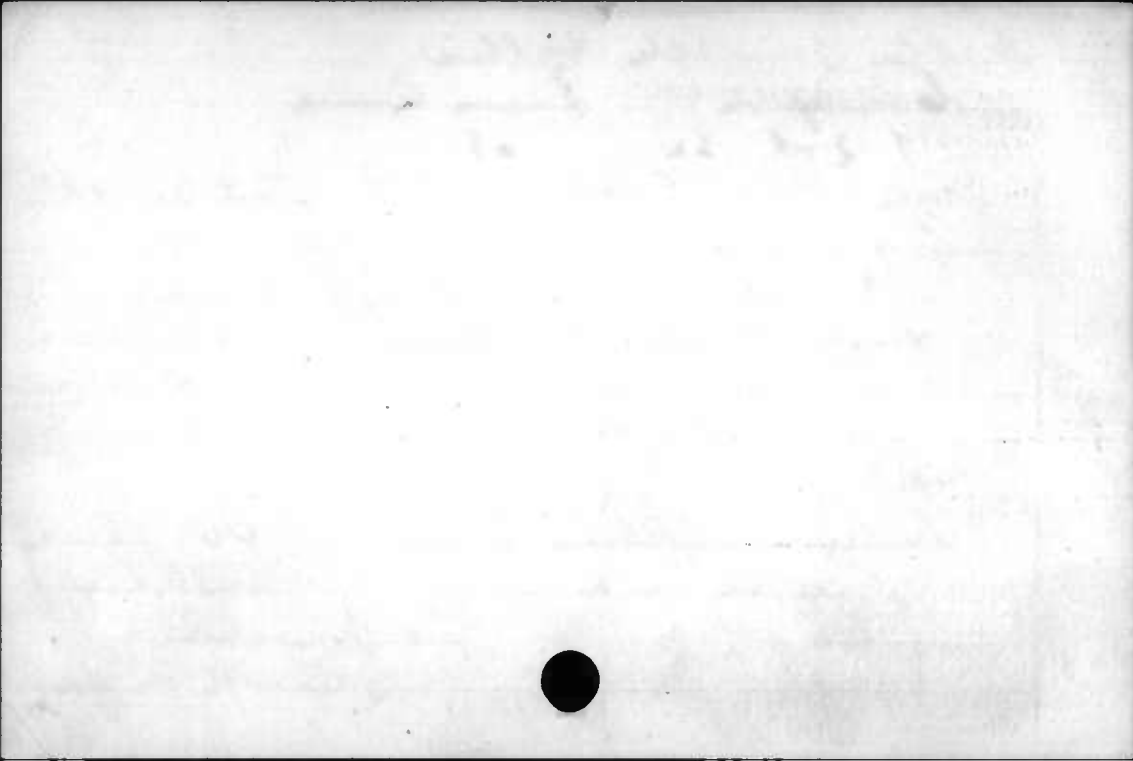
Died at <u>Stromsville</u> <sup>Town</sup>		<u>Queen Anne's</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>Feb.</u> <sup>Day</sup> <u>18<sup>th</sup></u> <sup>Years</sup> <u>64</u>		Age <u>64</u>		Months <u>4</u> Days <u>4</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Queen Anne's Co.</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Stromsville</u>			
Married, <u>Yes</u> or Widowed		Name of Wife or Husband <u>Emma C. Lobkov</u>			
Father's Name <u>Benj. C. Lobkov</u>		Father's Birthplace <u>Kent Island</u>			
Mother's Maiden Name <u>Garthig Eareckson</u>		Mother's Birthplace <u>Kent Island</u>			
Name of person giving information <u>Chas. E. Lobkov Jr.</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis &amp; enteritis</u>	How long	<u>Two yrs.</u>
Immediate	<u>tuberculosis</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo. R. Benton</u>	
		Address <u>Stromsville</u>	
Accident or Suicide?			



Name  
in  
Full

Walter Granville Wallis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

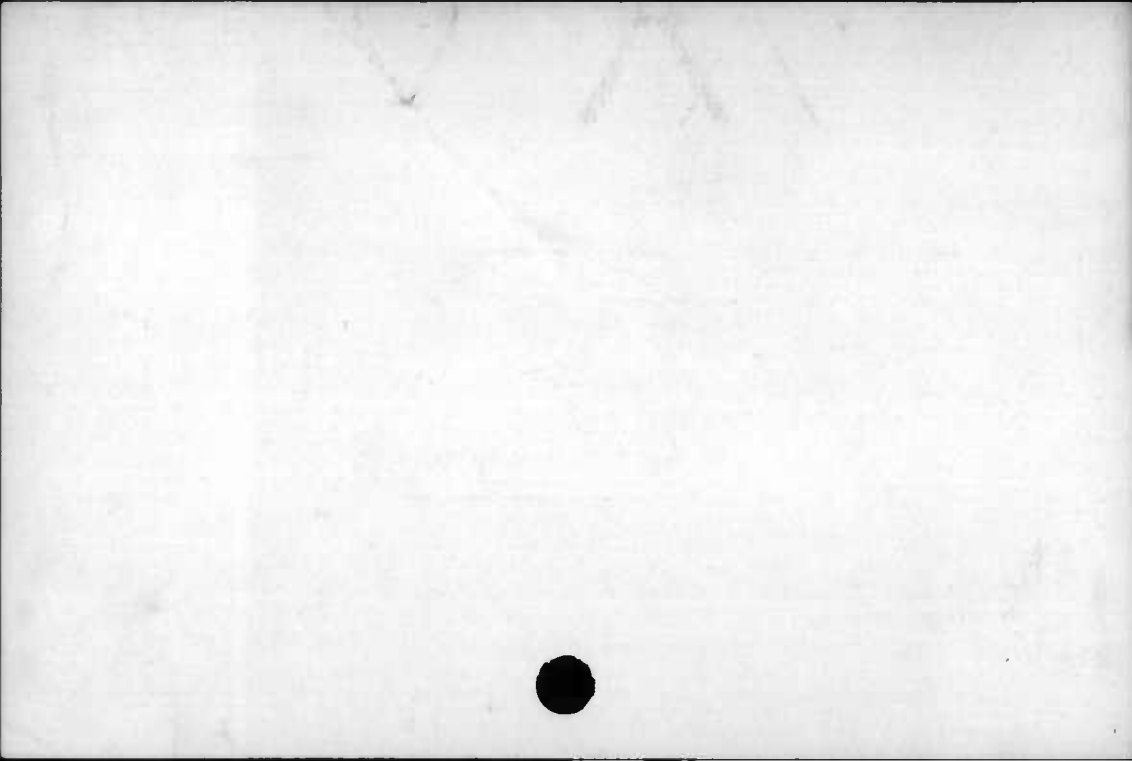
Died at <u>Crumpston</u> <small>Town</small>		<u>Queen Anne</u> <small>Court</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>2nd</u> <small>Day</small>		Age <u>68</u> <small>Years</small>		<u>2</u> <small>Months</small>	<u>22</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Kent Co., Md</u>		
Occupation <u>Physician</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sarah L. V. Wallis</u>			
Father's Name <u>Hugh Maxwell Wallis</u>		Father's Birthplace <u>Kent Co., Md</u>			
Mother's Maiden Name <u>Mary Strait</u>		Mother's Birthplace <u>Kent Co., Md</u>			
Name of person giving Information <u>Walter Wallis</u>		How related to deceased <u>Son.</u>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>35 years</u>
Immediate <u>Pneumonia</u>	How long <u>One day.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo H. Betton Jr. M.D.</u>
	Address <u>Crumpston, Md</u>
Accident or Suicide?	



Name  
in  
Full

Edw. A. Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winchester</i>		Town		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>21</i>	Age <i>4</i>	Years <i>4</i>	Months <i>9</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Winchester</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>" "</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Mrs. Wilson</i>			Father's Birthplace <i>Queen Anne Co., Md.</i>				
Mother's Maiden Name <i>Mary M. Hazelton</i>			Mother's Birthplace <i>Queen Anne Co., Md.</i>				
Name of person giving information <i>Mary Wilson</i>			How related to deceased <i>mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebritis</i>	<b>(60)</b> ✓	How long <i>About 8 days</i>
Immediate <i>Cardiac failure</i>		How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>	
	Address <i>Queen Anne Co., Md.</i>	
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Winchester</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death		Month <i>Feb'y.</i>	Day <i>21</i>	Age <i>4</i>	Years <i>9</i>	Months <i>9</i>	Days
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth- place <i>Winchester, Md.</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Moses Wilson</i>				Father's Birthplace <i>Queen Anne Co., Md.</i>			
Mother's Maiden Name <i>Mary M. Hazelton</i>				Mother's Birthplace <i>Queen Anne Co., Md.</i>			
Name of person giving Information <i>Mary Wilson</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

Primary	<i>Cerebritis</i>	How long <i>About eight days</i>
Immediate	<i>Cardiac failure</i>	How long <i>A few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Rowland H. Ford</i>
		Address <i>Queenstown, Md.</i>
Accident or Suicide?		

PHYSICIAN  
OR CORONER

